Sign-In Sheet

By printing my name below, I agree I have none of the indicated symptoms or exposures:

1. _____________________________________________ 29. _____________________________________________
2. _____________________________________________ 30. _____________________________________________
3. _____________________________________________ 31. _____________________________________________
4. _____________________________________________ 32. _____________________________________________
5. _____________________________________________ 33. _____________________________________________
6. _____________________________________________ 34. _____________________________________________
7. _____________________________________________ 35. _____________________________________________
8. _____________________________________________ 36. _____________________________________________
9. _____________________________________________ 37. _____________________________________________
10. _____________________________________________ 38. _____________________________________________
11. _____________________________________________ 39. _____________________________________________
12. _____________________________________________ 40. _____________________________________________
13. _____________________________________________ 41. _____________________________________________
14. _____________________________________________ 42. _____________________________________________
15. _____________________________________________ 43. _____________________________________________
16. _____________________________________________ 44. _____________________________________________
17. _____________________________________________ 45. _____________________________________________
18. _____________________________________________ 46. _____________________________________________
19. _____________________________________________ 47. _____________________________________________
20. _____________________________________________ 48. _____________________________________________
21. _____________________________________________ 49. _____________________________________________
Employee Screening
Risk of Covid-19

Have you experienced any of the following?

☐ Fever currently or in the past 24 hours

☐ New onset cough or worsening cough

☐ Shortness of breath

☐ Sore throat

☐ International travel to Europe, China, South Korea, or Iran in the past 14 days

☐ Domestic travel to New York, Colorado, Washington, California or any states with high activity

☐ Been in contact with anyone exhibiting any of these symptoms

If you answered YES to any of these, contact your supervisor before proceeding to work.

Thank you for protecting your co-workers, the community, and yourself. Together, we can help prevent the spread of Covid-19!
Employee Screening Key
Risk of Covid-19

Have you experienced any of the following?

☐ Fever currently or in the past 24 hours
   - Go home, contact health provider, self-monitor or isolate; can return to work 24 hour after symptom subsides.

☐ New onset cough or worsening cough
   - Go home, contact health provider, self-monitor or isolate; can return to work 24 hour after symptom subsides.

☐ Shortness of breath
   - Go home, contact health provider, self-monitor or isolate; can return to work 24 hour after symptom subsides.

☐ International traveled to Europe, China, South Korea, or Iran in the past 14 days
   - Supervisor confirm travel location and verify risk with CD or Epi team; encourage staff to monitor for symptoms.

☐ Domestic travel to New York, Colorado, Washington, or California or any other state with high activity in the past 14 days
   - Supervisor confirm travel location and verify risk with CD or Epi team; encourage staff to monitor for symptoms.

☐ Been in contact with anyone exhibiting any of these symptoms
   - Self-monitor and report if they begin exhibiting symptoms.

If they answered YES to any of these, they must contact their supervisor before proceeding to work.

Verify employees are signing the sign in sheet prior to entering the office.

Together, we can help prevent the spread of Covid-19!